

**CLAIMS ONLY**

Application Number	Filing Date
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**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	/						51	/				
2		/					52	/				
3		/					53	/				
4		/					54	/				
5							55	/				
6		/					56	/				
7		/					57					
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45		/					95					
46		/					96					
47		/					97					
48		/					98					
49		/					99					
50		/					100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					